PTO/SBOS (63-63)
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Unde	PATE	NT APPLICA	EE DETER	R	ECORD	Section areas	Application of Docket Humber				
Substitute for Form PTO-875  CLAIMS AS FILED — PART I							SMALL ENTITY		OR P	OTHER THAN SWALL ENTITY	
(Cotumn 1) (Cotumn 2)						ſ	<del></del> -				
FOR MAKSER FILED MAKSER EXTRA BASIC FEE				ŀ	RATE	FEE_	OR.	RATE	FEE 4		
OT GR LISED				ł		<u> </u>	5.1		<del></del>		
ti a	R1.16(4)		catrus 20 •		<u> </u>		<u>**</u>		OR	<u> </u>	
(37 CF	EXDERT CLAIM R 1.15(M)		minus 3 • •				<u> </u>		OR		
MULTIPLE DEPENDENT CLANA PRESENT (27 CFR L15(4))							*1*		OR	+1	
" If the difference in column 1 is less than zero, enter $\Psi$ in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II .											
7.	-21-05 (Column 1) (Column 2) (Column 3)					SMALL E	MITY	OR	OTKER SMALL I		
Ę		CLAIMS REMANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FREE
ENDME	Total or	22	Minus	22	•		x s=		OR	x 1	
왉	Independent OF OFR LISED	3	Minus	-3	-		x s		OR	X 8 8	
¥			CEPENCE	NT CLARK 07 07	R i.16073		••		OR	+1	
RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CPR 1.14(1))						1	TOTAL ADD'L FEE		OR	TOTAL ADDILFEE	
02115							ADDEFEE	<del>-   </del>	4	,	
М	70 100	(Cotumn 1)		(Column 2) HOGHEST	(Column 3)	1		ADDI	1	RATE	ADDI-
뉟		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		INVIE	TIONAL
MENT	Total profit tiens	.22	NEGRUS	- 33	./		× 4•		OR	X1	
ENO	independent grown Lindo	. 1	Minus	-3	• /		x 3		] oa	X	
₹	SIRST PRESENT	ATION OF MATER	£ DEPENDE	DITCLAND DITC	FR 1.16(4)		+: .		OR	48	
- 62/							TOTAL ADOLFEE	÷.	OR	ADD'L FEE	
9-	750	(Column 1)		(Column 2)	(Column 3)						
. 5		CLAIMS REMAINING AFTER		HIGHEST HUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MEN	Total	AMENDICENT	Minus	PAID FOR	<del> </del>	1	× • _ •		/ <sub>08</sub>	x1/-	
END	bridependent graffit 1.400	83	Minus	<u> </u>	-	1	-	17	OR		
AME					3	1	**	1/	√ ۲	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (ST OFR LIN(S))							YOTAL ADDL FEE	<del> </del>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TOTAL ADDIL FEE	
		column 1 is less th Number Previous Number Provious					nter 20°.	<b></b>	_,	enturna t	

"If the "Highest Number Previously Paid For" MI THS SPACE is less than 3, error"?.

The "Highest Number Previously Paid For" (Idad or independent) is the highest number found in the appropriate box in outurn 1.

This collection of information is sequined by 37 CFR 1.16. The information is sequined to obtain or retain a benefit by the public which is to title (and by the This collection of information is sequined by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO. Three will vary depending upon the Information Officer, U.S. Peterd on the amount of time your require to complete this tom endors suggestions for reducing this burden, should be sent to the Chiral Information Officer, U.S. Department of Commerce, P.D. Box 1450, Alexandria, VA 22313-1450, DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313-1450.